PAGE 1 OF 2

TREATMENT PROTOCOL: GENERAL TRAUMA *

- 1. Basic airway
- 2. Spinal immobilization prn: do not delay transport of hypotensive patients with penetrating torso trauma in order to apply spinal immobilization.
- 3. Control bleeding with direct pressure, if unsuccessful, utilize tourniquets and/or hemostatic agents **3**
- 4. Pulse oximetry
- 5. Oxygen prn
- 6. Advanced airway prn
- 7. Apply 3-sided dressing to sucking chest wounds if indicated
- 8. If tension pneumothorax suspected and systolic blood pressure less than 80mmHg, remove dressing and consider needle thoracostomy •
- 9. Venous access en route

Poor perfusion:

Normal Saline Fluid Challenge



250ml one time

Pediatric: 20ml/kg IV

See Color Code Drug Doses/L.A. County Kids •

- 10. Blood glucose prn
- 11. Cardiac monitor prn: document rhythm and attach ECG strip if dysrhythmia identified, treat dysthythmias by the appropriate protocol
- 12. Splints/dressings prn, treatment for specific extremity injuries:
 - Poor neurovascular status realign and stabilize long bones
 - Joint injury splint as lies
 - Midshaft femur splint with traction
- 13. Consider other protocols for altered level of consciousness with possible medical origin: Ref. No. 1243, Altered Level of Consciousness; Ref. No. 1247, Overdose/Poisoning (Suspected)
- 14. If evisceration of organs is present, apply moist saline and non-adhering dressing, do not attempt to return to body cavity
- 15. For pain management:

Fentanyl **286**

50mcg slow IVP, titrate for pain relief, do not repeat 50-100mcg IM/IN one time



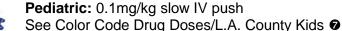
Pediatric: 1mcg/kg slow IV push, do not repeat

1mcg/kg IM one time

1.5mcg/kg IN one time

Morphine **286**

2-4mg slow IV push, titrated to pain relief maximum 8mg



Do not repeat pediatric dose, maximum pediatric dose 4mg

- 16. CONTINUE SFTP or BASE CONTACT 46
- 17. If pain unrelieved,

Fentanyl 286

50-100mcg slow IV push, titrate to pain relief

May repeat every 5min, maximum total adult dose 200mcg

50-100mcg IM/IN one time

Pediatric: 1mcg/kg slow IV push (over 2 minutes)

May repeat every 5min, maximum pediatric dose 50mcg

1mcg/kg IM one time

1.5mcg/kg IN one time See Color Code Drug Doses/L.A. County Kids •

EFFECTIVE DATE: 7-1-11

REVISED: 8-1-15 SUPERSEDES: 4-4-14

TREATMENT PROTOCOL: GENERAL TRAUMA *

Morphine **23**

2-12mg slow IV push, titrate to pain relief

May repeat every 5min, maximum total adult dose 20mg

18. If continued poor perfusion:

Normal Saline Fluid resuscitate

IV fluid administration in 250ml increments until SBP is equal to or greater than 90mmHg or signs of improved perfusion

Pediatric: 20ml/kg IV

See Color Code Drug Doses/L.A. County Kids ?

SPECIAL CONSIDERATIONS

- Indications for needle thoracostomy include unilateral breath sounds <u>and</u> profound hypotension (SBP equal to or less than 80mmHg) with one or more of the following:
 - Altered mental status
 - Severe respiratory distress
 - Cyanosis
 - Shock
 - Cool, pale, moist skin
- Use with caution: in elderly; if SBP less than 100mmHg; sudden onset acute headache; suspected drug/alcohol intoxication; suspected active labor; nausea/vomiting; respiratory failure or worsening respiratory status
- Absolute contraindications: Altered LOC, respiratory rate less than 12 breaths/min, hypersensitivity or allergy
- Base hospital contact must be established for all patients who meet trauma criteria and/or guidelines; generally, this is the designated trauma center. SFTP providers may call the trauma center directly or establish base contact if transporting the patient to a non-trauma hospital.
- S Receiving Hospital Report

Provider Code/Unit #

Sequence Number

Age/Gender

Level of distress

Mechanism of Injury/Chief Complaint

Location of injuries

Destination/ETA

If patient meets trauma criteria/guidelines/judgment:

Regions of the body affected

Complete vital signs/Glasgow Coma Scale (GCS)

Airway adjuncts utilized

Pertinent information (flail segment, rigid abdomen, evisceration)

- Ondansetron 4mg IV, IM or ODT may be administered prior to fentanyl or morphine administration to reduce potential for nausea/vomiting
- If the child is off the Pediatric Resuscitation tape and adult size, move to the Adult protocol and Adult dosing
- Hemostatic agents are for use by approved providers only